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Apr 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711137 (0)

1. Corporation Name

GREATER NEW PORT RICHEY CHAPTER OF THE AMERICAN  
ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

8224 GOLDEN BEAR LOOP  
PORT RICHEY FL 34668-6955  
US

8224 GOLDEN BEAR LOOP  
FORT RICHEY FL 34668-6955  
US

3. Date Incorporated or Qualified  
07/05/1966

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1874694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM R. ANGLE  
8224 GOLDEN BEAR LOOP  
PORT RICHEY FL 34668

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME WILLIAM R. ANGLE  
STREET ADDRESS 8224 GOLDEN BEAR LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME COBB, SARAH  
STREET ADDRESS 2515 RANCHSIDE TERR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☒ DELETE  
NAME WILLARD SALMI  
STREET ADDRESS 6253 TANNESSE AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME VP  
3.3 STREET ADDRESS CLARENCE SCHWEIGERT  
3.4 CITY-ST-ZIP 7407 DONEGAL STREET  
NEW PORT RICHEY, FL 34653

TITLE T ☐ DELETE  
NAME ANNA JELONNEK  
STREET ADDRESS 4007 LA PASIDA LANDE  
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME IRENE MELOCCO  
STREET ADDRESS 3350 DELLEFIELD STREET  
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME EDWARD F. GALLAGHER  
STREET ADDRESS 3687 MONTICELLO STREET  
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS VERA GRONDAHL  
6.4 CITY-ST-ZIP 5030 SERENE SQUARE  
NEW PORT RICHEY, FL 34653

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)